(b) if so, the details of any action taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The report of the Expert Committee on Comprehensive Examination of Drug Regulatory Issues, including the Problem of Spurious Drugs (Mashelkar Committee), had recommended that there is need to have separate regulation defining dietary supplements, laying criteria of permissible limit of ingredients and a procedure of evaluation of safety and efficacy, information to consumers and provisions related to their advertisements. It was also recommended that these products should be regulated under PFA or any other emergent mechanism/infrastructure. Products that claim or are intended to diagnose, cure, prevent or treat a disease are to be classified as drugs as is the current rule, (para 7.11 to 7.1.19 of the said report) Central Committee on food standards (CCFS) has recommended that products marketed as dietary supplements belonging to certain specified categories need to be considered under Drugs and Cosmetics Rules.

As regards medical devices, the suggestion of Mashelkar Committee was to specifically define them under Section 3 of the Drugs and Cosmetics Act and to create a specific medical devices division for their regulation. The Committee has also recommended for an appropriate regulatory mechanism to be set up under Central Drug Authority for certification, quality assurance and post marketing surveillance of imported as well as locally made medical devices. A Committee under DDG(M) has been to go into these recommendations and suggest appropriate legislation. In the mean time 10 sterile medical devices which are of critical nature, have been notified. By the Government under Section 3(b)(iv) of the Drugs and Cosmetics Act in order to ensure appropriate regulation over their import and manufacture.

Dengue and other communicable diseases

†2037. SHRI MOTILAL VORA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of States which had been highly afflicted more with dengue, encephalitis and malaria alongwith the number of persons suffered and died due to these diseases in the year 2005;

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†Original notice of the question was received in Hindi.

(b) the steps taken by Government to prevent the outbreak of the above diseases in future and the details thereof; and

(c) by when the efforts made by Government would start giving results?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The moat affected States due to Dengue, Japanese Encephalitis and Malaria during 2005 are as given below:

Dengua: Wast Bengal, Tamil Nadu, Delhi, Kerala, Karnataka, Gujarat, Rajasthan and Maharashtra.

Japanese Encophalitis; Uttar Pradesh, Bihar, Assam and Karnataka.

Malaria: Orissa, West Bengal, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Andhra Pradesh, Assam, Karnataka, Maharashtra, Meghalaya and Mizoram.

The number of cases and deaths due to Dengue, Japanese Encephalitis and Malaria during the year 2005 as reported by the State Health Authorities are given in the Statement (See below).

(b) and (c) Goverm~~ment~~ of India and the endemic Stales are working together tor controling Dengue, Japanese, Encephalitis and Malaria epide~~mi~~cs. While ~~p~~reve~~n~~tive measures and control of ~~outbre~~aks Is the responsibility of the State Governments technical support for investigation, prevention and control of Dengue, Japanese Encephalitis and Malaria outbreaks indifferent parts of the country is provided by the Government of India to the States through Directorate of National Vector Borne Diseases Control Programme (NVBDCP), Delhi. NVBDCP also organises training programmes on prevention and control of Dengue, J~~apa~~ese, Encephailitis and Malaris for State and District level health functionaries. The Government of India provides insecticides, larvicides and other equipments and materials as per requirements of the States.

The following strategies are being adopted for prevention and control of these diseases:

Dengue:

• Surveillance of disease and vector through sentinel sities;

- Early cases reporting and management of dengue cases;
- Vector control mainly through source reduction, personal protection, Behaviour Change Communication campaign and inter-sectoral convergence for mosquito breeding by source reduction.

Japanese Encephalitis:

< early diagnosis and case management.

< Integrated vector control with emphasis on personal protection.

< Behaviour Change Communication for community participation and inter-sectoral convergence.

< Capacity building through training.

< Operational Research, Monitoring and Evaluation.

Malaria:

(i) Early diagnosis and prompt treatment;

(ii) Integrated vector management by use of appropriate mix of vector control measures Indoor Residual Spraying (IRS) in selected pockets, anti-larval measures in urban areas, use of insecticide treated bednets (ITNs), larvivorous fishes and environmental and minor engineering methods;

(iii) Epidemic preparedness and rapid response for initiating epidemic control measures in the event of abnormal increase in malaria cases;

(iv) Behaviour Change Communication for generating awareness & social mobilization through different media including interpersonal communication;

(v) Inter-sectoral collaboration for involvement of non-Health Departments/Civil Society Organizations/Corporate sector/ local self-government, Armed & Paramilitary Forces;

(vi) Human Resource Development through capacity building of medical and paramedical personnel/partner organizations by training at primary, secondary & tertiary levels; and

(vii) Monitoring and evaluation through periodic reviews, field visits and web based Management Information System upto District level.

Statement

Cases and Deaths due to Mosquito borne diseases in the year 2005

States/UTs	Dengue		Japanese Encephalitis		Malaria	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Andhra Pradesh	99	2	0	0	37720	10
Arunachal Pradesh	0	0	0	0	24427	0
Assam	0	0	145	52	57778	88
Bihar	0	0	192	64	1819	1
Chhattisgarh	0	0	0	0	166771	0
Goa	2	0	4	0	3747	1
Gujarat	454	11	0	0	152430	0
Haryana	180	3	46	39	33204	0
Himachal Pradesh	0	0	0	0	125	0
J&K	0	0	0	0	249	0
Jharkhand	0	0	0	0	144288	13
Karnataka	587	17	122	10	82835	20
Kerala	1009	8	0	0	2121	2
Madhya Pradesh	0	0	0	0	99919	0
Maharashtra	349	56	66	30	47632	81
Manipur	0	0	1	0	1844	3
Meghalaya	0	0	0	0	15709	37
Mizoram	0	0	0	0	9405	66
Nagaland	0	0	0	0	2807	0
Orissa	0	0	0	0	362824	223
Punjab	251	2	1	0	1883	0
Rajasthan	370	5	0	0	52286	0
Sikkim	0	0	0	0	69	3
Tamil Nadu	1128	8	41	8	36752	1
Tripura	0	0	0	0	17896	17

States/UTs	Dengue		Japanese Encephalitis		Malaria	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Uttaranchal	0	0	0	0	1242	0
Uttar Pradesh	100	1	6061	1500	81838	0
West Bengal	6375	34	12	6	174196	273
A.N. Islands	0	0	0	0	3527	0
Chandigarh	2	0	0	0	432	0
D & N Haveli	0	0	0	0	1166	0
Daman & Diu	0	0	0	0	104	0
Delhi	1023	9	5	0	1133	0
Lakshadweep	0	0	0	0	0	0
Pondicherry	0	0	0	0	43	0
TOTAL:	11929	156	6696	1709	1620221	839

Scarcity of life saving drugs

2038. SHRI E.M. SUDARSANA NATCHIAPPAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that most of Government hospitals do not have even basic life saving drugs which cause great inconvenience to the patients and even leading to casualties;

(b) if so, the details thereof; and

(c) how do Government propose to tackle this problem so that at least basic life saving drugs are provided to the patients in the case of emergency?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Essential and life saving medicines are available and there is no shortage of such medicines in various Central Government Hospitals. The medicines for various Central Government Hospitals are procured from Government Medical Stores and also through Annual Tenders. If not available through above sources, local purchases of required medicines is also made.